An Inaugural Dissertation

on

Chorea Sancti Viti

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by

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of

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Dr. Mapes

Dec. 22d 1821

To Thomas C James. M.D.
Professor of Midwifery in the University of
Pennsylvania.

Dear Sir.

Permit me
to inscribe this dissertation to you, as an
acknowledgment. for the public instruc=
=tion and private favors received at your
hands.

With sentiments of respect
I am
Dear Sir
Your friend
W B Hahn

Chorea Sancti Viti.

The origin of this name is somewhat curious and deserves some attention. The chapel of St Vitus is situated near Ulm in Germany. Thither says Horstius, resorted a class of women disordered in mind. They spent day and night in dancing until they were completely exhausted. In this way he informs us they were restored till the following May, when they would again be seized with restlessness and disordered motions of the limbs, in so great a degree, as to be obliged on the return of the anniversary feast of St Vitus, to repair again to the same chapel for the purpose of dancing. From this tradition, a sort of convulsive disease to which girls are subject about the appearance of the menses, took its name. Whether either of these was of the same nature as the one which we now designat

ignate by the name of Chorea is uncertain, I should rather think not, Whether or no, it is very probable, that the name of Chorea Sancti Vitti has been derived from that circumstance.

By preceding writers this disease has been classed, with the Neuroses, and order spasmi.

When we consider the frequent occurrence of this affection and extreme difficulty of its cure; it is a matter of great surprise that writers have paid so little attention to it,

Chorea very seldom appears after the age of puberty, attacking boys & girls indiscriminately; generally those of a weak constitution, and those who live upon a low penurious diet. It commonly affects children between the ages of six and fourteen Dr Hamilton saw two cases between the ages of sixteen and eighteen years. It advances in its course very slowly. The first indications

of its approach, are, a very variable appetite, loss of vivacity & playfulness, costiveness, increasing as the disease advances, a tumid and sometimes flaccid belly; In a short time convulsive motions of the muscles of the face are observed; but it does not stop here, the convulsive motion gradually increases and extends to other muscles, involving mostly the left arm and leg. and sometimes the whole system.

The convulsions do not always appear first in the face, but show themselves in some other part. When the upper extremities become affected the sufferer is unable to keep his arms still for a moment; he makes many very curious movements before he can accomplish his object. Fibres of other muscles appear to act contrary to what he intended; thus when he intends to flex the arm it is extended, if the lower extremities become affected he walks with great difficulty, moving them in various directions. Sometimes he cannot move at

all

and appears to be palsied
all. Deglutition becomes very difficult, and is awkwardly performed as if he intended to amuse the by-standers. Indeed all the convulsive movements of chorea have so much this appearance, that a person not conversant with the disease might easily be deceived.
Articulation now becomes impeded or entirely suspended; instead of distinct words he utters loud shrieks:

Having involved the whole muscular system it extends its ravages to the mental faculties. The eye loses its lustre and intelligence, the countenance becomes pale and expressive of vacancy. Frequent, sudden, and alternate fits of weeping and laughing break out. These symptoms give the patient a furious appearance, and in time the wretched sufferer actually sinks into this state.

The convulsive motions continue through the whole course of the disease without interruption, except during

sleep

sleep, when they entirely cease. The disease may now be considered confirmed, or as having assumed the second stage, as we shall fully explain hereafter.

Diagnosis.

The slow approach of this disease, the nature of the convulsions, expression of the countenance, state of the system, the time of its appearance, and the subjects whom it attacks, so evidently distinguish it from all others that it is unnecessary to say any more on this subject. Any person who has seen one case of Chorea will very readily recognise it.

Prognosis

Does this disease ever prove fatal? I will not take upon myself to decide this question. None of the few cases I have seen proved so; and if taken in time, and properly treated very probably it may frequently be cured. But if the first stage be suffered to pass over unmolested, and the disease become fixed in the system

we have much reason to think, that it will sometimes prove fatal. Dr Hamilton is of this opinion.

Cause

Chorea is caused by various irritations, such as, offensive smells, teething, worms, poisons taken into the stomach, acrid matter in the intestines, It sometimes arises from violent affections of the mind, as horror fright and anger. In many cases it is brought on by general weakness, and irritability of the nervous system; And sometimes it takes place by seeing the disease in others. These are the causes of chorea as laid down by writers. Whether they all produce the disease I will not take upon myself to decide.

Pathology.

Dissections of those who have died of this disease have been very seldom made. On this account perhaps chorea is not so well understood as many other diseases

es. The older writers do not appear to have understood its nature. By looking over the causes we find that most of them act upon the alimentary canal; and the convulsions are always preceded by derangement of health; as indicated by loss of appetite and constipation of the bowels increasing as the disease advances, and appears to be commensurate with the violence or mildness of the attack.

The nausea, irregular appetite, flaccid or tumid abdomen, costiveness, in fact all the symptoms which precede as well as accompany an attack of Chorea plainly indicate its intimate connection with the alimentary canal. Professor Chapman has fully established this theory in the first volume of his Therapeutics; Discourse tenth; Dr Hamilton also has given a very elaborate description of this disease confirming ~~[illegible]~~ Dr Chapmans' opinion of many of the nervous affections.

Professor Cope has given it as his opinion that this disease depends upon a partial collection of water in the Ventricles of

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the brain. (see Cope's Medical Museum) He brings forth strong proofs in support of his opinion, the case of John Magness is very conclusive. After the appearance of the Drs paper many communications were sent in confirming his theory. If water does sometimes exist in the ventricles, may it not be caused by previous derangement of the alimentary canal? May not the protracted and stubborn cases of Chorea be kept up by this collection of water in the brain

TREATMENT

Chorea, as has already been mentioned may be divided into two stages, incipient and confirm'd. When called in the early part of this disease, our course is very evident. We ought to examine whether any irritating cause exist, lance the gums if swollen; if any symptoms of worms give anthelmintics. In this incipient state of things we generally find a very inflammatory diathesis to prevail, furred tongue &c. &c. in such a case I would not hesitate to bleed repeatedly until the inflammatory symptoms were sufficiently reduced. As we have already said, costiveness is always a symptom of this disease, purgatives are therefore doubly necessary. The active cathartics ought to be administered, and the purging kept up by frequently repeating them, as long as the inflammatory symptoms appear; and then the milder laxatives may be substituted, merely to keep the bowels sufficiently open. It ought to be particularly recollected, that, if we suffer the intestines to fall into that torpid state, which so conspicuously characterises the more advanced

stage

stage of the disease, all the symtoms are aggravated If we neglect this precaution it becomes confirm'd and fixed in the system, and the cure is thereby rendered more difficult and tedious.

After sufficient evacuations, we may venture to give tonics to confirm the cure, not forgetting to keep the bowels well open'd. Most of the class of tonics have been prescribed, as Peruvian Bark; preparations of Iron, Camphor, Sulphuric Ether, Valerian, preparations of Zinc and Copper, Nitrate of Silver, and many others. I prefer the two first, Peruvian bark and carbonate of Iron combined. I think I have given an antispasmodic with advantage. As long as the inflammatory symptoms remain, the patient ought to live upon a low diet, but when these are subdued a more generous one may be allowed. The patient must continue his medicine until he is perfectly well ~~well~~. In this way we can frequently cure the disease; but if we suffer it to run on unmolested either from negligence or erroneous practice

tice, the state of things is materially changed. The disease becomes confirmed and permanently fixed in the system. It may now be said to be advanced to the second stage. All the preceding symptoms are aggravated, pulse feeble, extremities cold and bowels very costive. If we consider the extreme costiveness which always accompanies this stage of the disease, it is very natural to suppose that the bowels are loaded with a great quantity of indurated fæces; these must be evacuated before we can expect a cure ~~which~~ sometimes require ~~drastic~~ powerful medicines. The ~~proper~~ cathartics are Jalap and Calomel; If the first dose does not succeed, we must repeat it at proper intervals, until the alimentary canal is completely evacuated; ~~A~~ for this we may give a less powerful purge every morning for several days, which paves the way for the proper reception of tonics. The same kinds of tonics are proper here, as in the first stage of the disease. We must not lay aside the cathartics when we commence giving tonics. By this treatment we may frequently expect a

Cure

cure.

But we must expect to meet with disappointments, The disease goes on without interruption for a number of years and at last proves fatal.